Chapter 14

Transportation Services

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EMERGENCY TRANSPORTATION SERVICES

AHCCCS covers emergency ground and air ambulance transportation services, within certain limitations, for most recipients. Covered transportation services include:

☑ Emergency ground and air ambulance services required to manage an emergency medical condition at an emergency scene and in transport to the nearest appropriate facility.

- ✓ Determination of whether a transport is an emergency is not based on the call to the provider but upon the recipient's medical condition at the time of transport unless the call is initiated by an emergency response (9-1-1) system.
- ✓ Emergency transportation is determined to be needed due to a sudden onset of a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could be expected to result in:
  - ☒ Placing the recipient's health in serious jeopardy,
  - ☒ Serious impairment of bodily functions, or
  - ☒ Serious dysfunction of any bodily organ or part.
- ✓ Emergency transportation includes transportation of a recipient to a higher level of care for immediate medically necessary treatment, even after stabilization at an emergency facility.

☑ Maternal transport program (MTP), newborn intensive care program (NICP), basic life support (BLS), advanced life support (ALS), and air ambulance services depending upon the recipient's medical needs.

The following coverage limitations and exclusions apply to emergency transportation services:

☑ Coverage of ambulance transportation is limited to those emergencies in which specially equipped transportation is required to safely manage the recipient's medical condition.

☑ Emergency transportation is covered only to the nearest appropriate facility medically equipped to provide definitive medical care.

☑ Emergency transportation to an out-of-state facility is covered only if it is to the nearest appropriate facility.

☑ Mileage reimbursement is limited to loaded mileage.

- ✓ Loaded mileage is the distance traveled, measured in statute miles, while a recipient is on board the ambulance and being transported to receive emergency services.

☑ A provider who responds to an emergency call and provides medically necessary treatment at the scene but does not transport the recipient is eligible for reimbursement limited to the approved base rate and medical supplies used.

EMERGENCY TRANSPORTATION SERVICES (CONT.)

- ☑ A provider who responds to an emergency call but does not treat or transport a recipient as a result of the call is not eligible for reimbursement.
- ☑ When two or more recipients are transported in the same ambulance, each shall be charged an equal percentage of the base rate and mileage charges.
- ☑ Air ambulance services are covered under the following conditions:
  - ✓ The point of pick-up is inaccessible by ground ambulance,
  - ✓ Great distances or other obstacles are involved in getting the recipient to the nearest hospital with appropriate facilities, or
  - ✓ The medical condition of the recipient requires air ambulance service, and ground ambulance services will not suffice.

AIR AMBULANCE SERVICES

The following **fixed wing** air ambulance service procedure codes are covered by AHCCCS:

- ☑ A0430 Ambulance service, conventional air services, transport, one way (fixed wing)
- ☑ A0435 Fixed wing air mileage, per statute mile
- ☑ A0888 (Medicare) Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility or return transport)
  - ✓ This code may only be billed for AHCCCS recipients who also are covered by Medicare. Services must be medically necessary.

The following **helicopter** air ambulance service procedure codes are covered by AHCCCS:

- ☑ A0431 Ambulance service, conventional air services, transport, one way (rotary wing)
- ☑ A0436 Rotary wing air mileage, per statute mile

All covered services (oxygen, disposable supplies, etc.) are included in payment for the above listed codes.

All air ambulance providers receive the same reimbursement for non-specialty care transports.

SPECIALTY CARE TRANSPORTS

Specialty care transports are services for high-risk members through the maternal transport program (MTP) and the newborn intensive care program (NICP) administered by the Arizona Department of Health Services (ADHS). ADHS provides special education and training in the care of maternity and newborn emergencies during transport to a perinatal center.

The high risk transport team is dispatched after consultation with the MTP or NICP perinatologist or neonatologist. A provider will receive the specialty care transport reimbursement rates when the following conditions are met:

- ☑ The provider must have a current MTP/NICP contract with ADHS, and AHCCCS must have a copy of that contract.
- ☑ The provider must use a high-risk transport team and equipment for the transport.
- ☑ The provider must send supporting documentation, including either:
  - ✓ A completed Request for Participation Form with approval from an ADHS-contracted perinatologist or neonatologist with privileges at an Arizona tertiary perinatal center, or
  - ✓ A completed Request for Maternal Transport Form with approval from an ADHS-contracted perinatologist with privileges at an Arizona tertiary perinatal center.

To receive specialty care reimbursement, specialty care transport providers must bill the "TH" modifier with one of the following: A0430, A0435, A0888, A0431, and A0436. If the “TH” modifier is used by a non-specialty care provider, the claim will be denied.

In addition, code A0225 (Ambulance service, neonatal transport, base rate, emergency transport, one way) may be used for the maternal/neonate transport team to accompany the ground ambulance. This code may only be used by specialty care providers, but it does not require the “TH” modifier.

GROUND AMBULANCE SERVICES

The following ground ambulance service procedure codes are covered by AHCCCS:

- ☑ A0426 Ambulance service, advanced life support, non-emergency transport, Level 1 (ALS 1)
- ☑ A0427 Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 – emergency)
- ☑ A0428 Ambulance service, basic life support, non-emergency transport, (BLS)
- ☑ A0429 Ambulance service, basic life support, emergency transport (BLS-emergency)
- ☑ A0425 Ground mileage, per statute mile

GROUND AMBULANCE SERVICES (CONT.)

Covered ground ambulance service procedure codes (Cont.):

- ☑ A0382 BLS routine disposable supplies
- ☑ A0422 Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation
- ☑ A0398 ALS routine disposable supplies
- ☑ A0420 Ambulance waiting time (ALS or BLS), one half (1/2) hour increments
- ☑ A0888 (Medicare) Non-covered ambulance mileage, per mile (e.g., for miles traveled beyond closest appropriate facility or return transport)
  - ✓ This code may only be billed for AHCCCS recipients who also are covered by Medicare. Services must be medically necessary.

BILLING FOR AIR AND GROUND AMBULANCE SERVICE

Claims for ground and air ambulance service must be billed on the CMS 1500 claim form. Emergency transportation does not require prior authorization. However, providers must mark the emergency field (Field 24I) to indicate emergency services on each applicable line.

Emergency air and ground ambulance claims are subject to Medical Review. Claims must be submitted with documentation of medical necessity and a copy of the trip report evidencing:

- ☑ Medical condition, signs and symptoms, procedures, treatment
- ☑ Transportation origin, destination, and mileage (statute miles)
- ☑ Supplies
- ☑ Necessity of attendant, if applicable

Claims submitted without such documentation are subject to denial.

MULTIPLE AMBULANCE TRANSPORTS

When multiple ground or air ambulance transports occur in the same day, only one base rate may be charged unless the additional transport is a separately identifiable service. In addition, supplies (A0382 – BLS routine disposable supplies or A0398 – ALS routine disposable supplies) and oxygen (A0422 -- Ambulance (ALS or BLS) oxygen and oxygen supplies, life sustaining situation) may be charged for only one ground ambulance trip unless the additional transport is a separately identifiable service.

MULTIPLE AMBULANCE TRANSPORTS (CONT.)

Example 1:

A recipient is transported by ground ambulance from an accident scene to a hospital. The ambulance remains at the hospital while the recipient is stabilized. The same ambulance then transports the recipient to another hospital or airport for transfer to a higher level of care or for services not available at the current facility.

In this example, one base rate, waiting time, and total mileage should be billed. The provider also may bill the appropriate codes for supplies and oxygen and the corresponding charges.

Example 2:

A recipient is transported by air ambulance from an accident scene to a hospital. The air ambulance remains at the airstrip while the recipient is stabilized. The same air ambulance then transports the recipient to another hospital for services not available at the current facility.

In this example, one base rate and total mileage should be billed.

Example 3:

A recipient is transported by ground ambulance from an accident scene to a hospital. The ambulance leaves the hospital and returns to base or takes another call. At the hospital's request, the same ambulance returns to the hospital to transport the recipient to another hospital or airport for transfer to a higher level of care or for services not available at current facility.

In this example, the provider may bill two base rates, mileage, supplies, and oxygen using one of the following methods:

☑ If the *same* HCPCS code is used to bill the base rate for separately identifiable trips:

- ✓ Two units of the base rate should be billed on Line 1 of the CMS 1500 claim form.
- ✓ The total mileage for both trips should be billed on Line 2.
- ✓ Supply charges for both trips should be billed on Line 3.
- ✓ Oxygen charges for both trips should be billed on Line 4.
- ✓ Waiting time should *not* be billed.

MULTIPLE AMBULANCE TRANSPORTS (CONT.)

Example 3 (Cont.):

☑ If a *different* HCPCS code is used to bill the base rate for each separately identifiable trip:

- ✓ One unit of the first base rate should be billed on Line 1 of the claim form.
- ✓ Mileage for the first trip should be billed on Line 2.
- ✓ One unit of the second base rate should be billed on Line 3.
- ✓ Mileage for the second trip should be billed on Line 4.
- ✓ Supply charges for both trips should be billed on Line 5.
- ✓ Oxygen charges for both trips should be billed on Line 6.
- ✓ Waiting time should *not* be billed.

NON-EMERGENCY TRANSPORTATION SERVICES

AHCCCS covers medically necessary non-emergency ground and air transportation to and from a required medical service for most recipients. Non-emergency transportation is not covered for Emergency Services Program recipients.

Round-trip air or ground ambulance transportation services may be covered when a hospitalized recipient is transported to another facility for necessary specialized diagnostic and/or therapeutic services if all of the following requirements are met:

☑ The recipient's condition is such that the use of any other method of transportation is not appropriate,

☑ Services are not available in the hospital in which the recipient is an inpatient,

☑ The hospital furnishing the services is the nearest one with such facilities, and

☑ The recipient returns to the point of origin.

Non-ambulance transportation providers may not provide emergency transportation because providers cannot assure adequate life support systems.

BILLING FOR NON-EMERGENCY TRANSPORTATION

Please note the following requirements for "Services rendered PRIOR to 6/1/2006" and requirements for "Services rendered 6/1/2006 and AFTER".

SERVICES RENDERED *PRIOR TO 6/1/2006*

Non-emergency transportation requires authorization from either the AHCCCS Prior Authorization Unit (acute care recipients) or a case manager (ALTCS recipients). Only codes for the base and mileage will be prior authorized.

Providers may phone or fax the AHCCCS PA Unit to request authorization. To obtain PA by telephone, transportation providers must call between 9:00 a.m. to 11:30 a.m. and 12:30 p.m. to 4:00 p.m. Monday – Friday:

(602) 417-4400 (Phoenix area) Providers in area codes 602, 480, and 623 **must** use this number.

1-800-433-0425 (within Arizona) This number is blocked for callers in area codes 602, 480, and 623.

1-800-523-0231 (outside Arizona)

The AHCCCS PA Unit's fax number for transportation providers is (602) 417-4687.

An IHS referral form is ***required*** for non-emergency transportation services provided to IHS acute care recipients by other than IHS providers. Referrals are submitted to the AHCCCS PA Unit. The referral does not need to be submitted with the claim.

SERVICES RENDERED 6/1/2006 AND AFTER

Roundtrip Ground Transportation of 100 miles or less
Non-emergency ground roundtrip transportation of **100 miles or less WILL NOT** require Prior Authorization for services rendered 6/1/2006 and after.

Providers may bill without obtaining prior authorization as long as the total mileage billed on any one CMS 1500 (837P for electronic claims) does not exceed 100 miles.

Example case scenarios

1. If a recipient travels from his/her home to an AHCCCS provider's office in town and The total trip (roundtrip) is 95 miles; the trip does **NOT** require Prior Authorization.
2. If a recipient is transported from a car accident scene in a BLS or ALS ambulance to a
   the Emergency Room, the trip is emergency transportation and does **NOT** require Prior Authorization. The return trip, however, could be non-emergency and could possibly require Prior Authorization **IF** the trip is **MORE** than 100 miles.
3. Dialysis non-emergency transports that had previously been billed monthly and exceeded 100 miles in total can be billed individually (per trip). Prior Authorization will be required if the billing includes total monthly mileage EXCEEDING 100 miles.
4. If a recipient is transported via non-emergency **AIR** ambulance for medically necessary discharge to a lower level facility and that transport is LESS than 100 miles; the trip **DOES** require Prior Authorization.

AHCCCS will conduct retrospective audits of non-emergency ground transportation providers to verify that the mileage, diagnosis, and medical necessity are correct and justifiable. The transportation provider will need to provide AHCCCS with a trip report, and HIS referral (NOT REQUIRED FOR ALTCS FFS recipient), and justification of the transport upon request by AHCCCS anytime after the date of service.

Roundtrip transports **OVER 100 miles** will continue to require authorization from either the AHCCCS Prior Authorization (acute care recipients) or a case manager (ALTCS recipients). Only codes for base and mileage will be authorized.

Prior Authorization requests for Fee For Service Acute Care recipients must be FAXED to the AHCCCS Prior Authorization Department at 602-417-4687. Please use Exhibit 11-1 to request authorization.

If you have an IHS referral, you DO NOT need to complete the Prior Authorization request form (Exhibit 11-1). You only need to write your AHCCCS Provider ID # and the mileage on the referral and fax it to the AHCCCS Prior Authorization Department at 602-417-4687.

NOTE – Please make sure that the Prior Authorization and Referrals Forms are complete and be certain eligibility has been verified.

AHCCCS Providers may check status of Prior Authorization online via the AHCCCS website, www.azahcccs.gov.

(Applies to services rendered BEFORE and AFTER 6/1/2006)

Non-emergency transportation providers must bill the number of trips and the number of loaded miles as units of service on the CMS 1500 claim form. Loaded mileage is defined as the distance traveled, measured in statute miles, with a recipient on board the vehicle and being transported to receive medically necessary covered services.

AHCCCS has established separate urban and rural rates and procedure codes for certain non-ambulance transportation services. Urban transports are those that originate within the Phoenix and Tucson metropolitan areas. All other transports are defined as rural.

The Health Insurance Portability and Accountability Act (HIPAA) mandated that all local codes must be replaced with the appropriate HCPCS, CPT-4, and revenue codes for dates of service on and after December 1, 2003. This applies to non-emergency transportation providers who submit claims electronically and on paper.

The table on the following page summarizes available non-emergency transportation procedure (HCPCS, CPT-4) codes. Note that the "TN" modifier is required to designate a transport as rural.

Description		HCPCS Code Effective 12/01/2003	Modifier (If applicable)
Urban Wheelchair Van, Base		A0130	
Urban Wheelchair Van, Mileage		S0209	
Rural Wheelchair Van, Base		A0130	TN
Rural Wheelchair Van, Mileage		S0209	TN
Urban Stretcher Van, Base		T2005	
Urban Stretcher Van, Mileage		S0209	
Rural Stretcher Van, Base		T2005	TN
Rural Stretcher Van, Mileage		S0209	TN
Urban Ambulatory Van, Base		A0120	
Urban Ambulatory Van, Mileage		S0215	
Rural Ambulatory Van, Base		A0120	TN
Rural Ambulatory Van, Mileage		S0215	TN
Taxi		A0100	
Taxi Mileage		S0215	
Private Vehicle, Mileage		A0090	
Case/Social Worker, Per Mile		A0160	
Medicare Non-covered Mileage		A0888	

BILLING FOR NON-EMERGENCY TRANSPORTATION (CONT.)

If multiple transports are authorized for the same day, providers must bill the second trip (and any subsequent trips) as follows:

- ☑ Two units of the authorized base rate should be billed on Line 1 of the claim form.
- ☑ The total mileage for both trips should be billed on Line 2.

REIMBURSEMENT

Reimbursement of transportation services is calculated based on:

- ☑ The provider-specific rate or billed charges, whichever is less.
- ☑ If a provider-specific rate does not exist, reimbursement is billed charges or the capped fee for the procedure, whichever is less.
- ☑ If neither a provider-specific rate nor an AHCCCS capped fee exists, reimbursement is based on the amount prior authorized.
- ☑ If there is no provider-specific rate, no capped fee, and no prior authorized amount, reimbursement is calculated at a percentage of billed charges.

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